

# SHIIP NEWS

Nebraska Senior Health Insurance Information Program

Issue No. 44

September 2004

SHIIP news is published  
quarterly by:

The Nebraska Department  
of Insurance  
Terminal Building  
941 O Street, Suite 400  
Lincoln, NE 68508-3639

Tim Wagner, Director  
Mike Johanns, Governor

Robin Szwanek  
SHIIP Coordinator  
Phone: 402-471-4506  
Fax: 402-471-6559  
E-mail: [rszwanek@doi.state.ne.us](mailto:rszwanek@doi.state.ne.us)



Amy Larrick  
SHIIP Training Specialist  
Phone: 402-471-3845  
Fax: 402-471-6559  
E-mail:  
[alarrick@doi.state.ne.us](mailto:alarrick@doi.state.ne.us)



Sue Kuzelka  
SHIIP Support Staff Specialist  
Phone: 402-471-2841  
Fax: 402-471-6559  
E-mail:  
[skuzelka@doi.state.ne.us](mailto:skuzelka@doi.state.ne.us)



Web site:  
<http://www.nol.org/home/ndoi/>

SHIIP hotline:  
1-800-234-7119



The SHIIP Program is funded by  
a grant from the Centers for  
Medicare and Medicaid Services.

## Greetings!

Our Nebraska SHIIP toll-free phone lines continue to ring off the hook across the state. We are answering questions on the Medicare-approved drug discount card, Medicare supplement options, coverage for beneficiaries under age 65, and claims questions, to name a few. We are also getting calls asking for presentations. Suddenly, our program's services are in greater demand than ever before! Our counseling efforts have even taken new form, including an interactive website event where a SHIIP counselor answered questions during a live one-hour forum.

With all the changes and enhancements brought about by the Medicare Modernization Act, our outreach will continue to be a valuable service provided to Nebraskans. The SHIIP newsletters and volunteer trainings will keep you informed of these changes so you will be up-to-date as you continue your counseling and outreach efforts.

We still have sixteen more months for a Medicare beneficiary to enroll in a Medicare-approved drug discount card. It is not too late and the savings can be substantial. A recent survey on just one Nebraska resident reported that her drug savings over a 6-month period was over \$550. It is important to continue our outreach on the Medicare-approved drug discount cards, especially to those who may be eligible for the \$600 credit, so we can make a difference for our Nebraska beneficiaries.

As you read this issue of the SHIIP newsletter, be sure to notice the new Private Fee-For-Service plan offering coverage in 55 Nebraska counties and the new coverage for Medicare beneficiaries in treating brain cancer and obesity. You may also find your name printed inside announcing the activities you have reported as a SHIIP counselor. Please continue to mail your reporting forms to your Regional Representative or the SHIIP program office so your hard work and dedication will be recognized.

It will be exciting to see the Medicare enhancements start to develop over the next two years. As always, we will share this important information in a timely manner with our volunteers, known to many as MEDICARE EXPERTS!

# VOLUNTEER HIGHLIGHTS

## Ongoing Dedication

The following volunteers are to be congratulated for sending in contact forms documenting counseling efforts with beneficiaries since the last newsletter. SHIP Volunteers and staff submitted contacts with 2,302 beneficiaries during the past three months! Way to go!

Frank Balderson	Mary Guin Knoll
Dorann Bartels	Nancy Kohler
Marylynn Barth	Laura Kruse
Jim Barry	Shirley Lake
James Bendorf	Evelyn Larrick
Susan Block	Dorothy Lee
Rita Brehmer	Nancy Lipovsky
Doretta Burrows	Joyce Mack
Carolyn Cerny	Jodi Mackin
Tena Cline	Robert Martin
Donna Connelly	Dick Messersmith
Houston Doan	Amy Midkiff
Dorothy Eaton	Janis Nason
Leonard Finnegan	Donna Nelson
Donna Garwood	Jean Pappas
Morris Gotshall	Loren Parks
Barb Graham	Maidie Peters
Kathy Gruba	Norma Phillips
Gloria Gummere	Sally Pichler
Bill Hamilton	Pamela Roberts
Helen Hancock	Addie Schroeder
Agnes Hinkle	Betty Schuster
Cathy Hitz	Tess Sinner
Corrine Howe	Mary Stockwell
Angie Howell	Steve Trickler
Bonnie Huftle	Jim Umshler
Evelyn Humlicek	Jean Van Mark
Ann Jamison	Diane White
Roylene Jenkins	Susan Williams
Lucy Johnson	Dorothy Williamson
Wayne Kempf	Harley Winchester

## Public and Media Outreach Events

Over the past few months, SHIP staff and volunteers have done an amazing total of 216 outreach events across the state. So, once again, the SHIP volunteers have been so active, there just is not room in the newsletter to include a detailed description of each and every outreach activity. Listed below are the names of the volunteers who submitted Public and Media Outreach forms for activities in the past few months. You are doing great!! Keep up the good work!

Frank Balderson	Dorothy Lee
Tami Barrett	Nancy Lipovsky
Jim Barry	Dick Messersmith
James Bendorf	Amy Midkiff
Rita Brehmer	Donna Nelson
Carolyn Cerny	Maidie Peters
Donna Connelly	Pamela Roberts
Houston Doan	Becky Romshek
Donna Garwood	Cathy Schievelbein
Kathy Gruba	Cindy Schurr
Gloria Gummere	Betty Schuster
Agnes Hinkle	Tess Sinner
Marcia Holtz	Mary Stockwell
Angela Howell	Amy Theis
Nancy Kohler	Jean Van Mark
Shirley Lake	Diane White
Evelyn Larrick	Susan Williams

---

## SHIP/AARP Outreach events

The SHIP program has been collaborating with AARP Nebraska to put on several intense counseling and enrollment events. The events have been held so far in Lincoln, Omaha, Columbus and Hastings. Several SHIP volunteers have also assisted at these events, entering drug information into the computer and/or counseling beneficiaries on the results. Several hundred beneficiaries were assisted via these events.



# ***GOLD RECORD***



## **Rita Brehmer**

Rita Brehmer, a SHIIP volunteer from Pender, Nebraska, was able to help a Medicare beneficiary receive payment for nursing home care from a long-term care insurance policy. Initially the payment for the nursing home care was denied because the insurance company felt the beneficiary was able to care for herself. But with Rita's help, the beneficiary's physician wrote a letter to justify the need for long-term care. Rita contacted the claim representative several times and eventually the insurance company's own representative was sent out to determine that long-term care was necessary for the beneficiary. The insurance company eventually back-paid money owed from several months. In all, Rita's assistance helped save the beneficiary \$8,750.00! Way to go Rita!

## **Dick Messersmith**

Dick Messersmith a SHIIP volunteer in Holdrege, has been taking south-central Nebraska by storm. A former east-coast attorney, Dick has been putting his organizational skills to work in advocacy of senior citizens. Dick methodically targets, contacts, and successfully recruits organizations that help in spreading information about the Medicare-approved drug discount cards to beneficiaries. In addition, Dick has not forgotten about individual attention needed by seniors. He creates clear reports, hand-delivers them, and explains them in person. Dick's client contact forms report he has saved beneficiaries around \$5,400 in prescription expenses since May 2004 alone! Our hats-off to Dick for lending his time, commitment, and amazing talents and for adding wind to the sails of Nebraska SHIIP!

## **Susan Williams**

Susan Williams is celebrating her first full year as a SHIIP volunteer this month, and she shows no sign of slowing down. Susan has been busy spreading the word to beneficiaries about the new Medicare-approved drug discount cards. In just the last five months, her client contact forms show that she has saved seniors over \$3,500 in prescription expenses! Although a sophomore to SHIIP, Susan has an extensive medical insurance background. She has over thirteen years experience with CIGNA, has worked with Blue Cross and Blue Shield of Wyoming, and has a Bachelors of Science in Finance and Insurance from the University of Northern Colorado. Susan has eagerly put this experience to work through local presentations. She recently presented to a group of 50 locals at Brodstone Memorial Hospital in Superior. "We are so fortunate to have Susan Williams as a volunteer," said Karen Tinkham, Public Relations Director at Brodstone, "Williams...is an excellent resource for information." We heartily agree, and thank Susan for her outstanding work for seniors in and around Nuckolls County!

## **In sadness...**

The SHIIP program lost an invaluable volunteer on June 10, 2004. Bill O'Connell of Lincoln, was a SHIIP volunteer for one year, but in that year he made a big impact. He was honored in the December 2003 SHIIP newsletter for his hard work that saved a beneficiary over \$200,000. We will miss Bill and his outstanding dedication to helping others.

# DRUG CARD UPDATE

- The Centers for Medicare & Medicaid services reports that a total of 4.3 million beneficiaries have obtained a Medicare-approved drug discount card as of September 1, 2004.
- Starting October 19, the PDAP tool on the internet will be available in Spanish and the CMS publication "Guide to Choosing a Medicare-Approved Drug Discount Card" will be released.
- On July 19, Medicare clarified that the \$600 credit "shall not be taken into account in determining an individual's eligibility for, or the amount of benefits under, any other federal program." Programs mentioned in particular were Medicaid, food stamps, subsidized housing and home heating assistance.
- If a beneficiary is denied a card or the \$600 credit, an appeal can be made by calling the Medicare Drug Card Reconsideration Contractor at 1-800-567-0757.
- SHIIP will be doing a joint mailing with the Nebraska Health & Human Services System to Qualified Medicare Beneficiaries (QMBs) to inform them of their eligibility for the \$600 credit. QMBs have their Part B premium paid by Medicaid, and are automatically eligible for the \$600 credit.
- In September, Social Security will send another mailing to low income beneficiaries about the \$600 credit.
- The Medicare web site has made a few changes to the PDAP section. The top 5 cards with the lowest prices are now shown. After viewing the top 5 cards you can select to see the next 5, the next 5, and so on. The drug information entry process was also changed. If you haven't logged on recently you might want to take a look.
- Long-term care specially endorsed cards: There are three Medicare-approved prescription drug cards specially designed to help cover out-of-pocket prescription drug costs for Medicare beneficiaries residing in a nursing home who get their prescription drugs through the home's contracted long term care pharmacy and who qualify for a \$600 credit. These cards will apply the \$600 toward the cost of drugs provided through the pharmacy that serves the qualified beneficiary in the nursing home. (The \$600 credit cannot be used while Medicare Part A is paying for the stay.) In addition to administering the \$600 credit, one or more of the cards may provide discounts to nursing home residents who enroll. Beneficiaries should check with their pharmacy provider to see if they are offering discounts through a Medicare-approved prescription drug card, or information on discounts can be obtained by calling the card sponsor. The three cards designed specially for nursing home residents who get their drugs through the nursing home's contracted pharmacy are:
  - LTC Card, offered by ACS State Healthcare, LLC and the Long-Term Care Pharmacy Alliance, 1-866-490-1863
  - Community Care Rx, offered by Computer Sciences Corporation, 1-877-646-5307
  - PBM Plus Senior Care, PBM Plus, Inc, 1-800-676-8399

**Q. What is mailed to individuals along with the Medicare-approved drug discount card?**

- A. The card sponsor must provide the beneficiary with a post-enrollment packet. This packet includes a membership card, cover letter, member handbook and pharmacy directory, discount drug list and a privacy notice. The beneficiary's name will be on the card along with an ID number.

# DRUG CARD UPDATE

**Q. If an individual gets the \$600 credit from Medicare and later becomes eligible for Medicaid, does he lose the \$600 credit?**

A. No, individuals who become eligible for Medicaid after receiving the \$600 credit will not lose the credit. In this case, Medicaid becomes the primary payer for drugs covered by Medicaid. The individual can save whatever remains of the \$600 credit to use in the future should he lose Medicaid benefits. The credit can also be used to pay for drugs not covered by Medicaid.

**Q. I helped a beneficiary apply for a drug discount card about a month ago, and she just called to say that she hasn't received her card yet. What should I do?**

A. The enrollment process has been slowed by the high number of beneficiaries enrolling in the program. The first thing to do is to call the card sponsor and find out what their computer shows. They should be able to tell you where her application is in the process, or even sometimes will report that the beneficiary's card has, in fact, been sent. If that happens, have the beneficiary double-check her mail for information from the sponsor, and then have the card sponsor reissue a new card if necessary. If the card sponsor has no record of her application, or if the information you receive from the card sponsor is inadequate, contact your SHIP Regional Representative by calling 1-800-234-7119. Your RR can contact Medicare to find out if there is any record of a beneficiary's application through them.

**Q. Once an individual uses all his/her \$600 credit, is there any other additional assistance available to them?**

A. Yes. There is information available on [www.medicare.gov](http://www.medicare.gov) about Expanded Medicare Assistance Programs (MAPS). If you are running in to situations where beneficiaries are running out of the \$600 credit, there is now more information on the PDAP tool covering additional assistance. Medicare Assistance Programs (MAPS) are programs where a drug company (Abbott, Astra Zeneca, Eli Lilly, Johnson & Johnson, Merck, Novartis, and Pfizer) offer additional assistance to seniors after the \$600 credit is used up. This assistance can be additional discounts, or sometimes FREE medication. Consequently, it is vital that this information be provided to those eligible. This information can be accessed in 3 places on PDAP:

1. The first place to access this information is on the page labeled "Prescription Drug and Other Assistance Programs" (after you've entered the drugs). Scroll down to, and select "Medicare-Approved Drug Discount Card Programs in Your Area." Look at the column labeled "Special Features." If a drug card offers MAPS a link called "See more information on arrangements with manufacturers." You can then select one of seven drug companies offering MAPS. When you click on the link it will list approved drug card programs that the company works with, and eligibility/enrollment information.
2. The "Savings Card: Program Comparison" page. Click on "See more information on arrangements with manufacturers." OR click on "Special Features" for any of the drug cards and then click on "See more information on arrangements with manufacturers."
3. On "Detailed Savings Information" page. Click on the drug card program name. Click on "See more information on arrangements with manufacturers."

**A good rule of thumb: look for "See more information on arrangements with manufacturers."**

# Influenza Season is Around the Corner... Are You Immunized?

(Article provided by CIMRO of Nebraska)

Influenza season is fast approaching. There are no more excuses for not getting immunized. Here are some reasons to protect yourself and your family with the influenza immunization:

1. Influenza is serious. Each year, approximately 36,000 people die from influenza and 114,000 are hospitalized. Most of the 36,000 people who die from influenza-related complications are 65 and older.
2. Influenza can be especially dangerous for people 50 and older, children under 2 years of age, and adults and children with chronic medical conditions, such as asthma, heart disease and diabetes.
3. The Centers for Disease Control and Prevention (CDC) recommends influenza immunization for high-risk individuals.
4. Influenza is contagious. Health care workers, family members, out-of-home caregivers and others in contact with individuals at high risk should also be immunized.

Immunization is the best way to protect yourself and your family from the flu. And remember, you need an influenza immunization every year because protection lasts only for one season.

It is quick and easy to get an influenza immunization for yourself and everyone in your family. You can even schedule your vaccination during a regular check-up.

There is NO COST for your shot if you are enrolled in Medicare Part B  
and your health care provider accepts Medicare assignment.

## **Pneumonia – Should You be Concerned?**

Severe cases of the flu can turn into pneumonia. This is why doctors and healthcare professionals recommend an annual flu vaccination. According to the Centers for Disease Control and Prevention (CDC), pneumonia kills more people in the United States each year than all other vaccine-preventable diseases combined. Pneumonia is one of the most common causes of death among persons age 65 and older. It can have many symptoms; you may have some of them or none at all. If you have any of these problems call your doctor right away, because you could have pneumonia or another illness. Common symptoms are:

- Chills/fever
- Shortness of breath
- Stabbing chest pains
- Cough

### **What causes pneumonia?**

Pneumonia is a serious lung infection caused by germs and typically treated with antibiotics. If the infection is found early, the medicine can be taken by mouth. But, if the infection is more severe you may be put in the hospital for IV medication. The germs that cause pneumonia can live in the back of your throat and you may not even feel sick. According to the CDC, pneumonia can be spread from person-to-person simply by coughing or sneezing.

### **What is the pneumonia shot?**

A pneumonia shot is a vaccine against one specific type of pneumonia caused by a bacteria, pneumococcal pneumonia.

### **Do I need a pneumonia shot?**

You need a pneumonia shot if you:

- Are 65 years of age or older
- Have any other long-term illness such as lung cancer, diabetes, heart disease, or a weakened immune system

Usually one vaccination is all that is needed. If you got the first dose before age 65, a second dose is required after 5 years. Second doses are also required in patients with many chronic illnesses.

The pneumonia shot is covered  
by Medicare.

Call your doctor today and ask for a pneumonia shot. Take care of yourself today and for many years to come.

This article was provided by CIMRO of Nebraska, the Quality Improvement Organization for the state. For more information, please contact CIMRO of Nebraska at 402/476-1399 or toll-free at 1/800-458-4262.



**Battle the  
Flu & Pneumonia  
Bug with  
Immunizations**

## **WELCOME, NEW VOLUNTEERS!**

Several new volunteers have been added to the SHIIP roster the past few months. Several have been very busy already! Please welcome:

Beverly Faden, Harrisburg  
Helen Hancock, Norfolk  
Cathy Hitz, Norfolk  
Mary Humphrey, Meadow Grove  
Karen Kuhn, Lincoln\*  
Judy Leafdale, Harrisburg  
Kathy Malm, Banner County  
Sally Pichler, Norfolk  
Sheri Roberds, Kimball  
Barbara Thompson, Harrisburg

\*New SHIIP Regional Representative for Polk, Butler, Saunders, York, Seward, Lancaster, Fillmore, and Saline counties

## **Upcoming Update Trainings**

It is time for the fall SHIIP Volunteer Update Trainings. It is imperative that volunteers attend an update in order to be aware of the newest changes in the Medicare system — including the 2005 Medicare premium and deductible amounts, an update on the long-term care drug cards, reviewing the PDAP tool on [www.medicare.gov](http://www.medicare.gov), tricks for helping beneficiaries with the drug card open enrollment later this year, and new highlights about the Medicare Modernization Act. Update trainings will be held in:

Kearney—September 30 or October 19  
Norfolk—October 14  
Hastings—October 22  
Lincoln — October 27  
Omaha—Date TBA

Watch your mailbox for more information from your Regional Representative. And, as always, if you are not able to attend the training in your area, you are welcome to attend any one available.

# Q & A

**Q. I received an invoice for my co-pay amount after Medicare had paid its portion of the bill. The charge was for a full month's rental on a piece of equipment I only rented for three days! Why was I charged for a full month?**

A. Medicare charges are billable by the month, not the day, with the exception of a CPM (continuous passive motion) machine. So whether you have the equipment for one day or 25 days, the supplier will bill Medicare for the month, as per Medicare guidelines.

**Q. I am a 68-year-old military retiree who turned down Medicare Part B at age 65 and kept my coverage under the Federal Employee Health Benefits Program (FEHBP). I got a letter saying that I could enroll in Medicare Part B without a penalty and then get TRICARE for Life. Is that true? How do Medicare and TRICARE work together?**

A. You need to have Medicare Part B to be eligible for TRICARE for Life (TFL). TFL acts as a supplement to Medicare for the following groups of people (when Medicare-eligible): uniformed service retirees, family members and widows/widowers, Congressional Medal Honor recipients and their family members, and certain unremarried former spouses. The new Medicare law, passed in 2003, allows people who did not sign up for Medicare Part B when first eligible, and who would be eligible for TFL, **to enroll in Medicare Part B without having to pay a premium penalty, until December 31, 2004.**

With TFL, Medicare is the primary payer for Medicare-covered services and TFL pays any remaining expenses, including deductibles and coinsurance, up to the Medicare-approved amount. There are no enrollment fees or premiums for TFL. TFL also offers a Senior Pharmacy Program, which allows members to obtain low-cost prescription medications. There is no enrollment fee for this prescription drug

program and copayments range between \$3 and \$9 for each prescription (up to a 90-day supply), depending on whether the drug is generic or brand name.

If you have FEHBP coverage in addition to Medicare and TFL, Medicare is the primary payer, your FEHBP is the secondary payer and TFL would pay third. You are allowed to suspend your FEHBP coverage in favor of TFL, with a right to enroll in FEHBP at a later date. If you suspend your FEHBP enrollment, your TFL will become the secondary payer after Medicare. You will not have to pay FEHBP premiums during the period that your FEHBP coverage is suspended. So you will only have to pay your Medicare Part B premium, since your TRICARE for Life coverage is premium-free. (Manual Section K)

**Q. I recently received a call from a medical supply company wanting me to switch my service to them. They said if I switched to their company I wouldn't have to pay the 20 percent that Medicare doesn't cover. How did they get my name and can they do this?**

A. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions. This standard prohibits suppliers from calling beneficiaries in order to solicit new business. It is also illegal for a medical supplier to automatically write off, or not to collect, the 20 percent—either from your secondary/supplemental insurance, or if you don't have a second insurance, to try not to collect from the beneficiary. A company that does this is considered to be fraudulent, and is subject to fines. If this should happen to any beneficiary, he or she should notify Medicare so appropriate action may be taken.



# Medicare Replacement Drug Demonstration

On June 25, 2004, CMS announced the implementation of a new demonstration under Section 641 of the Medicare Modernization Act of 2003. Under this Demonstration, certain self-administered oral and injectable drugs, normally not covered by Medicare, will be covered under Medicare Part B. This Demonstration only applies if the drugs are replacements for non-self-administered drugs or biologicals normally provided in a physician's office. Even though not all prescriptions will be covered, this Demonstration does pay for drugs for multiple sclerosis, rheumatoid arthritis, pulmonary hypertension and other serious illnesses. Of the available dollars, forty percent are reserved for anti-cancer medications.

In order to qualify for the Demonstration, a person must: 1) have both Medicare A & B, 2) live in one of the 50 states or the District of Columbia, 3) have Medicare as primary health insurance, and 4) have a doctor certify need of at least one covered drug for the listed indication.

Deadline for application is September 30, 2004. However, if enrollment is low enough, they may take more applications after that date. Currently there are a large number of spots open in the program. The program caps its benefits at 50,000 beneficiaries or \$500,000,000 in spending.

A mailing was sent out in August explaining more on the Medicare Replacement Drug Demonstration. Information can also be found on the PDAP tool (after you've entered drugs) at [www.medicare.gov](http://www.medicare.gov). Or call the demonstration customer service contractor, TrailBlazer Health Enterprises at 1-866-563-5386 (TTY number 1-866-563-5387) anytime between 8 am and 7:30 pm Eastern time, Monday – Friday. The conditions and drugs covered are:

## Disease/Drug

**Disease:** Drug/Biological—Compound Name (Brand Name)

**Rheumatoid Arthritis:** Adalimumab (Humira), Anakinra (Kineret), Etanercept (Enbrel)

**Multiple Sclerosis:** Glatiramer acetate (Copaxone), Interferon beta –1a (Rebif, Avonex), Interferon beta –1b (Betaseron)

**Osteoporosis (patient must be homebound):** Calcitonin--nasal (Miacalcin – nasal)

**Pulmonary Hypertension:** Bosentan (Tracleer)

**Secondary Hyperparathyroidism:** Doxercalciferol (Hectoral)

**Paget's Disease:** Alendronate (Fosamax), Risedronate (Actonel)

**Hepatitis C:** Pegylated interferon alfa-2a (Pegasys), Pegylated interferon alfa-2b (PEG-Intron)

**CMV Retinitis:** Valcyte (Valganciclovir)

## Anti –Cancer Drugs

**Cutaneous T-cell lymphoma:** Bexarotene (Targretin)

**Non-small cell lung cancer:** Gefitinib (Iressa)

**Epithelial ovarian cancer:** Altretamine (Hexalen)

**Chronic Myelogenous Leukemia:** Imatinib Mesylate (Gleevec)

**GI Stromal Tumor:** Imatinib Mesylate (Gleevec)

**Multiple Myeloma:** Thalidomide (Thalomid)

**Breast Cancer (Stage 2-4 only):** Hormonal therapy, Anastrozole (Arimidex), Exemestane (Aromasin), (Letrozole (Femara), Tamoxifen (Nolvadex), Toremifene (Fareston)

**Prophylactic agent to reduce chemotherapy-induced hemorrhagic cystitis:** Mesna (Mesnex)

**Acromegaly:** Pegvisomant (Somavert)

# CHANGES

## ***Medicare 800# Expansion***

The Medicare Modernization Act requires all Medicare contractors to replace their individual beneficiary telephone numbers with the 1-800-MEDICARE (1-800-633-4227) number. This change will include carriers (Part B), intermediaries (Part A), durable medical equipment (DME) regional carriers and regional home health intermediaries. Beneficiaries will be notified of this change starting August 15, 2004.

Questions regarding specific claims will be automatically routed to the appropriate Medicare contractor's call center based on the caller's answers to a series of Interactive Voice Response screening questions.

SHIIP counselors who have been assigned Unique ID numbers may continue to use them when seeking information about specific claims. Like any caller, SHIIPs will be automatically routed to the appropriate Medicare contractor's call center.

## ***More Private Fee-For-Service Options in Nebraska***

A Private Fee-for-Service (PFFS) plan is a type of Medicare + Choice (now known as Medicare Advantage) plan. It is a private insurance plan under contract with the Centers for Medicare & Medicaid Services (CMS). The plan (not Medicare) must pay providers on a fee-for-service basis. A PFFS plan charges enrollees a premium and cost-sharing amounts, and lets beneficiaries choose the providers they want to see, as long as these providers accept the PFFS program. PFFS options have historically been limited in Nebraska, but recent changes are providing more options to more Nebraskans.

### **New PFFS plan in Nebraska:**

UnitedHealthcare's Medicare Complete Essential has recently been approved as the newest PFFS plan in Nebraska. The plan's anticipated first enrollment date was September 1, 2004. There will be no additional premium for Medicare Complete Essential besides the beneficiary continuing to pay the \$66.60 per month (in 2004) Medicare Part B premium. Prescription drug benefits include a \$10 co-pay for up to 31-days worth of generic drugs, and a \$30 co-pay for a 90-day generic mail-order supply. There is no individual limit on generic drugs. Co-pays for office visits are \$5 for each primary care visit, and \$20 for each specialist visit, both for Medicare-covered services only. Beneficiaries will also only be liable for 20% of the cost for Medicare-covered Durable Medical Equipment.

Medicare Complete Essential will cover the following 55 counties: Arthur, Banner, Blaine, Boone, Box Butte, Brown, Buffalo, Butler, Cedar, Cherry, Cheyenne, Clay, Cuming, Custer, Dawes, Dawson, Deuel, Dixon, Fillmore, Gage, Garden, Gosper, Grant, Hall, Hamilton, Hooker, Jefferson, Johnson, Kearney, Keith, Keya Paha, Kimball, Logan, Loup, Madison, McPherson, Merrick, Morrill, Nance, Nemaha, Pawnee, Phelps, Platte, Polk, Rock, Saline, Scotts Bluff, Seward, Sheridan, Sioux, Stanton, Thayer, Thomas, Wayne and York.

### **Unicare adds 5 counties to PFFS plan in Nebraska:**

Unicare's Security Choice Private Fee-for-Service Plan has increased its coverage area by five counties in Nebraska. The additions became effective on July 30, 2004, and Unicare has been able to service the annexed counties since August 1. The new counties include Boyd, Hayes, Loup, McPherson, and Thomas. This increases the total coverage area from 77 counties to 82, leaving a total of 11 counties excluded from the coverage area: Burt, Dakota, Dodge, Douglas, Lancaster, Lincoln, Perkins Red Willow, Sarpy, Saunders, & Thurston.

**SHIIP has a flyer with more details about all three PFFS plan in Nebraska, offered through Sterling, United HealthCare, and Unicare. Contact your SHIIP Regional Representative for copies.**

# THIS & THAT

## Brain Cancer Treatment

Medicare has recently agreed to cover the \$15,000 cost of Gliadel Wafer surgery, but not the \$12,000 cost of the drug itself. The Gliadel Wafer Treatment combines surgery and chemo-therapy to combat brain tumors called gliomas and glioblastomas. Surgeons open the skull and cut out the cancer leaving a cavity in the brain. The space is lined with 6-8 Gliadel Wafers. The wafers, saturated with cancer-killing BCNU, slowly dissolve. Released directly into brain tissue, the drug kills cancer cells that may remain. Common chemotherapy side effects are reduced, and survival rates increase from 11 months to almost 4 years.

Previously, hospitals were refusing to treat patients using Gliadel. With Medicare's decision to help pay for the cost, the doors have been opened for other insurers to do the same.

## Medicare & Obesity

On July 15th, The Department of Health and Human Services announced a new Medicare coverage policy that removed barriers to covering anti-obesity interventions. This step allows members of the public to request Medicare to review medical evidence to determine whether specific treatments related to obesity would be covered by Medicare.

Though Medicare and Medicaid programs cover sicknesses caused by obesity — including type 2 diabetes, cardiovascular disease, several types of cancer and gallbladder disease — the previous policy meant that weight-loss therapies have often been denied coverage. The real issue now with Medicare is not whether obesity is an illness, but if there is sufficient scientific evidence that an obesity-related medical treatment actually provides a health benefit.

The new policy is not expected to have an immediate impact on Medicare coverage. It does not affect the existing Medicare coverage of

treatments of diseases resulting in or made worse by obesity, in particular currently covered surgical treatments for morbidly obese.

## New Brochures Available

We have several new or updated brochures created by the SHIP office and from the Centers for Medicare & Medicaid Services. It is essential that volunteers use only the most current and up-to-date information when counseling beneficiaries. To receive a copy of any or all of the new brochures, please contact the SHIP office or your regional representative by calling the SHIP hotline, 1-800-234-7119.

### New Brochures (with revision date)

Paying for Outpatient Services: A Guide for People with Medicare (3/04)

Does Your Dr. or Supplier Accept Assignment? (5/04)

Medicare-Approved Drug Discount Card Poster (4/04 - *in English & Spanish*)

2004 Choosing a Medigap Policy (4/04)

Medicare Coverage of Skilled Nursing Facility Care (8/03)

Nebraska's PFFS Plans Fact Sheet (Updated 9/04)

## Promotional Items

The SHIP office still has several promotional items that volunteers can use at booths, presentations, or when counseling. Items include: key chains with a wrist cord, magnet clips, ink pens and pill pouches. All items provide the SHIP hotline number to call for questions about Medicare.



Nebraska Department of Insurance  
ATTN: SHIIP Program  
941 "O" Street, Suite 400  
Lincoln, NE 68508-3639  
22 40 04